CDC in Kazakhstan





The Center for Global Health and Prevention (CDC) has long collaborated with Ministries of Health in Central Asia to better recognize and respond to serious public health threats. In 1995, CDC also formally established an office (CDC-Central Asia Region—CDC-CAR) in Almaty, Kazakhstan to serve as the home base for coordinating activities throughout the Central Asia Region. Within the region, CDC aims to strengthen the capacity to detect, prevent and control disease and respond to public health threats in Central Asia.

Staff

CDC office (physical presence)
3 U.S. Assignees
16 Locally Employed

QAt a Glance

Population: 16,793,000 Per capita income: \$10,320 Life expectancy at birth women/men: 74/63 yrs Infant mortality rate: 18/1000 live births

Source: Population Reference Bureau World Population Data Sheet, 2012

Top 10 Causes of Death

- 1. Ischemic Heart Disease 30%
- 2. Stroke 16%
- 3. Cancer 15%
- 4. Chronic Obstructive Pulmonary Disease 3%
- 5. Self-Harm 3%
- 6. Cirrhosis 3%
- 7. Road Injuries 3%
- 8. Neonatal Encephalitis 2%
- 9. Lower Respiratory Infections 1%
- 10. Interpersonal Violence 1%

Source: GBD Compare (http://viz.healthmetricsandevaluation.org/gbd-compare/), 2010

Global HIV/AIDS

Support for HIV/AIDS includes direct technical assistance to the MOH and other local partners to strengthen their HIV prevention, care, and treatment programs and their health systems capacity.

Specific activities include implementing evidence-based pilot programs to illustrate and test prevention programs, identifying and adopting cost effective modes of service delivery, and expanding prevention and related services for high-risk populations.

Similarly, focus areas for HIV care and treatment services include building the capacity of clinicians through training and on-the-job mentoring, strengthening HIV and opportunistic infection treatment and care services, developing clinical guidelines for screening and managing HIV infection, and enhancing screening for and diagnosis of HIV infection and coinfection.

To strengthen health systems CDC works with the MOHs to develop electronic surveillance and HIV case management systems, to improve program monitoring and evaluation systems, and to build workforce capacity in key areas. This includes the ability to assess and use data for informed decision-making and improved program performance.

Global Disease Detection (GDD)

The GDD Regional Center in Kazakhstan is part of the Central Asia Region Global Disease Detection Center, one of ten established around the world to help countries identify and respond to emerging diseases. The GDD Regional Center collaborates with key in-country partners in Kazakhstan, Uzbekistan, Turkmenistan, Tajikistan, and the Kyrgyz Republic, making it truly a regional platformin scope. GDD Regional Centers work with the World Health Organization and MOHs to strengthen core infrastructure requirements (e.g., laboratory detection, clinical surveillance, outbreak investigation and control) needed to comply with the International Health Regulations. GG operates the following four programs in Kazakhstan:



International Emerging Infections Program (IEIP)

CDC IEIP staff work with key stakeholders to improve detection, control, and prevention of emerging infectious diseases. Strategies include strengthening epidemiology, surveillance, laboratory capability, training, and evidence-based public health research and practice. IEIP's activities have led to improved understanding of the causes and burden of varying diseases such as hepatitis, influenza, and Crimean-Congo hemorrhagic fever (CCHF) in Kazakhstan, and the data have been used to inform public health policy decisions, to evaluate new tools for improving disease diagnosis and treatment, and to strengthen epidemiologic and laboratory capacity.

Field Epidemiology and Laboratory Training Program (FELTP)

The CDC Division of Public Health Systems and Workforce Development has been working in Central Asia since 2003 to build workforce capacity and to support MOHs in training public health officers through a two-year regional Field Epidemiology Training Program (FETP). The FETP program focuses on applied epidemiology, diseases urveillance, outbreak response, laboratory methods, and program evaluation. While enrolled, residents continue working in their respective country's health system and are well-positioned to serve as first responders to outbreaks, as well as to serve as leaders and mentors for future in-country specialists in field epidemiology.

Global Influenza

Pandemic influenza response planning and preparedness activities are occurring throughout Kazakhstan. Seven sentinel surveillance sites for influenza-like illness and severe acute respiratory illness were established along with a national laboratory and a laboratory in each surveillance site.

Impact in Kazakhstan

- A blood safety study found 50% of HIV-infected donor blood was missed by standard lab testing, prompting the Kazakhstan government to overhaul the national transfusion service.
- A 2012 systematic review found that Central Asia scientists publish only 5.6 first-authored publications per month (Kazakhstan, 32%) in Medlineindexed journals, resulting in CDC-CAR introducing multiple programs to improve scientific output of Central Asia scientists.
- Kazakhstan is participating in international influenza virus monitoring and has contributed local strains to international influenza virus banks.
- 85% of the CAR/FETP graduates work in their respective government's health system.

Cooperative Biological Engagement Program (CBEP)

The CBEP program is funded by the Department of Defense through its Defense Threat Reduction Agency (DTRA) with the goal of building epidemiologic, health information, clinical and laboratory capacity while focusing on biosecurity in the area of especially dangerous pathogens (EDPs), microbes which could be used for bioterrorism. The four-member CDC/CAR CBEP team, in collaboration with the MoH of Kazakhstan, is working on improving the public health capacity in Kazakhstan.

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